

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ML		07-07-01
O.I.P.E. CLASSIFIER		12	7/17
FORMALITY REVIEW	TD	361125	38/23/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	3-12-98
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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